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INTRODUCTION

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Emergency Medicine. The *Specific Standards of Accreditation for Programs in Emergency Medicine* should be read in conjunction with the *General Standards of Accreditation*, the *Objectives of Training* and the *Specialty Training Requirements in Emergency Medicine*.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the *General Standards of Accreditation* for the interpretation of this standard.

The program director must have Royal College certification in Emergency Medicine, except in extraordinary circumstances.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Emergency Medicine are outlined in the *Objectives of Training* and *Specialty Training Requirements in Emergency Medicine*. Based upon these general objectives each program is expected to develop rotation and activity specific objectives suitable for that particular program, as noted in Standard B2 of the *General Standards of Accreditation*. These objectives must be expressed in current CanMEDS format.

STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and achieve competence in the specialty or subspecialty.

The structure and organization of each accredited program in Emergency Medicine must be consistent with the specialty training requirements as outlined in the *Objectives of Training* and the *Specialty Training Requirements in Emergency Medicine*.

The program must structure the sequence of activities so that the experience acquired will permit the resident to assume the graded responsibility that is appropriate to the level of training, throughout the five years. Expectations concerning responsibility must be specified for each level. The senior resident must be regularly entrusted with the overall responsibility for 1) the diagnosis, resuscitation, stabilization, evaluation and disposition of acutely ill and injured patients of all kinds; 2) the clinical management of the Emergency Department and of overall patient flow.

The program should be designed to make optimal use of its resources to ensure the desired educational experience. Activities which are not organized on the traditional one-month block or horizontal rotation basis must be clearly identified, tracked and compiled so that it is possible to easily assess whether the program conforms to the prescribed activity-block time requirements in months.

STANDARD B4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College specialty training requirements.

In those cases where a university has sufficient resources to provide most of the training in Emergency Medicine but lacks one or more essential elements, the program may still be accredited provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Learning environments must include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, and ethnicity appropriate to Emergency Medicine.

Through the facilities of the university and the participating institutions, the overall residency program must satisfy the following requirements:

1. Teaching Faculty

Each institution must have a sufficient number of qualified staff to provide continuous supervision and adequate clinical instruction for the residents in Emergency Medicine. The teaching staff should have a nucleus of members with a level of experience and qualification sufficient to ensure the overall quality of the teaching activities.

2. Number and Variety of Patients

The volume and variety of patients in the institutions participating in the program, taken collectively, must be sufficient to provide residents with opportunities for training and experience over the full spectrum of the clinical conditions associated with an active Emergency Department, including adult and childhood illnesses, injuries, and conditions. A combination of institutions may be used to offer the full spectrum of required experiences.

3. Clinical Services Specific to Emergency Medicine

A participating Emergency Medicine Department must be under the direction of an emergency physician and must be adequately resourced to allow the department to fulfil its academic mission as a core training site. Each Emergency Department that participates in the program must have an adequate number of patients available for teaching, and must be administered by a director or head of the department with adequate links to the university academic administrative unit for Emergency Medicine. Departments with a major role in the Emergency Medicine program should be engaged in the teaching of Emergency Medicine at multiple levels, according to regional demand and assuming that appropriate resources are available to support these teaching activities.

There must be access to medical services for pre-hospital care, such as paramedics, ambulance services, communication systems, first aid programs, poison control, public education, organization of emergency medical services and disaster planning, so as to provide experience in the administrative and supervisory aspects of emergency medical services.

There must be adequate space for administration, teaching and research. This should include a conference room, dedicated non-clinical workspace for residents in Emergency Medicine, and on-site access to relevant reference materials specific to Emergency Medicine.

4. Supporting Services - Clinical, Diagnostic, Technical

There must be access to all the services specified in the *Objectives of Training and Specialty Training Requirements in Emergency Medicine*. These should include diagnostic resources, namely biochemistry, hematology, microbiology and diagnostic imaging. Appropriate bedside diagnostic resources must also be available.

Consultative services must be readily available from all the major specialties and subspecialties. There must be appropriate liaison with teaching services in other relevant medical and surgical specialties and subspecialties

STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS Roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Please refer to Standard B5 of the *General Standards of Accreditation*, the *Objectives of Training*, the *Specialty Training Requirements in Emergency Medicine*, and the CanMEDS Framework for the interpretation of this standard. Each program is expected to develop a curriculum for each of the CanMEDS roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

1. Medical Expert

The *General Standards of Accreditation* apply to this section.

2. Communicator

The *General Standards of Accreditation* apply to this section.

3. Collaborator

The *General Standards of Accreditation* apply to this section.

4. Manager

The *General Standards of Accreditation* apply to this section.

5. Health Advocate

The *General Standards of Accreditation* apply to this section.

6. Scholar

The *General Standards of Accreditation* apply to this section.

7. Professional

The *General Standards of Accreditation* apply to this section.

STANDARD B6: EVALUATION OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Please refer to Standard B6 in the *General Standards of Accreditation* for the interpretation of this standard.

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